Date: 7/28/2003 Time: 2:47:12 PM

EXPRESS MAIL NO, ET 945852060US

Please type a plus sign (+) inside this box>												
PTO/SB/01 (10-00) Approved for use through 07/31/2003. OMB0651-0032												
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.												
		Attorney Doc	Attorney Docket Number OM-03-01									
DECLARATION FOR			Panton Doul									
DESIGN		First Named Inventor Renton, Paul										
PATENT APPLI		COMPLETE IF KNOWN										
(37 CFR 1	Application N	ımper										
☑ Declaration ☐	Declaration Submitted after Initi Filing (surcharge	Filing Date										
Submitted OR		al Group Art Uni	t	·								
with Initial Filing	(37 C F R 1. 16 (e)) required)	Examiner Nar	ne									
I hereby declare that:	I hereby declare that:											
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.												
I believe I am the original, first and sole inventor (If only one name is listed below) or an original, first and joint inventor (If plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
DATA COLLECTION DEVICE FOR USE WITH NETWORK-ENABLED TELEPHONE SYSTEMS												
(Title of the Invention) the specification of which												
is attached hereto												
OR												
was filed on (MM/DD/YYYY) as United States Application Number or PCT International												
Application Number and was amended on (MM/DD/YYYY) (if applicable).												
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.												
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or												
PCT international filing date of the			g									
I hereby claim foreign priority bene or plant breededs rights cedificate, or												
or plant breeder's rights certificate, or States ofAmerica, listed below and certificate, or any PCT internations												
Prior Foreign Application	a application having	Foreign Filing Dat		Certified Copy Attached?								
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO								
Additional foreign application i	☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:											
I hereby claim the benefit under	I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
Application Number(s)	Filing Dai	te (MM/DD/YYYY)	Additional provisional application									
				numbers are listed on a supplemental priority data sheet PTO/SB/0213 attached hereto.								

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box --> PTO/SB/01 (10-00) Approved for use through 1 0/31/2002, OM B 0651-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **DECLARATION** — Utility or Design Patent Application **Customer Number** Direct all correspondence to: OR Correspondence address below 27,408 or Bar Code Label Name David L. Tingey Address 321 Burnett Ave. S. Suite 303 Address City Renton State WA ZIP 98055 Country USA Telephone 425 271 7700 Fax 425 228 3070 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1 001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR Given Name Family Name (first and middle [if any]) Paul or Surname Renton inventor's Date July 31,2003 Signature State OR Residence: City Sheridar Country USA Citizenship USA 545 NE Hill **Mailing Address** Mailing Address ZIP 97378 City Sheridan State OR Country USA ☐ A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Given Name Family Name or Surname Peter Dow (first and middle [if any]) Dow inventor's Signature Residence: City Seattle State WA Country USA Citizenship USA 13th Ave E. #401 Malling Address

98102

supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

USA

Country

13 th Ave E. # 401

State WA

Mailing Address

Additional inventors are being named on the

City Seattle

Please type a plus sign (4 Unde valid	r) inside this box -O or the Paperwork Reduction Ac OMB control number.	et of 1995, n	o persons a	Patent an	d Tradomark Office	ALLIS DE	ugh 9/3019	PTO/SB/02A (3-97 8. OMS 0651-0032 T OF COMMERCE unless it contains a			
DECLARATION				ADDITIONAL INVIENTOR(S) Supplemental Sheet Page of							
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any])				Family Name or Surname							
DANIEL L.				House							
Inventor's Signature	012.h					Date	7-29-03				
Residence: City	Kenm ore	State	WA	Country	USA		Citizenship	USA			
Post Office Address	10325 41 18ath -										
Post Office Address											
City	Kenmore	state	WA	ZIP	98028	Country	USA				
Name of Addition	Name of Additional Joint Inventor, if any:										
Given Name (first and middle [if any])				Family Name or Surname							
inventor's Signature							Date				
Residence: City		State		Country			Citizensh	ip			
Post Office Address	ost Office Address										
Post Office Address											
C Ity		State		ZIP		Count	У				
Name of Additional Joint Inventor, If any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Sumame											
Inventor's Signature							Date				
Residence: City		Country Citizenship				р					
Post Office Address											
Post Office Address											
C Ity		State		ZIP		Co	untry				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 D~ NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Washington, DC 20231.